

WATER WELL REPORT

STATE OF WASHINGTON

32102-27A 11231

Application No. 11231
Permit No. 10329

(1) OWNER: Name Pallisades Assn. Inc. Address Rt 5, Box 954, Camanche, WA
(2) LOCATION OF WELL: County Island NE 1/4 NE 1/4 Sec. 27 T. 32 N. R. 2 W.M.
Bearing and distance from section or subdivision corner 700 Ft of the N. 30 ft of S. 150 Ft

(3) PROPOSED USE: Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
New well ☐ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 8 inches.
Drilled 17.3 ft. Depth of completed well 17.3 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 8 " Diam. from 0 ft. to 16.2 ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
Manufacturer's Name Johnson
Type SS Model No. _____
Diam. 8 Slot size 30 from 16.2 ft. to 10.3 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 2.0 ft.
Material used in seal Drillings
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Sta Rite
Type 3.44 HP 5

(8) WATER LEVELS: Land-surface elevation 190 ft.
above mean sea level.
Static level 121 ft. below top of well Date 7/9/70
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☒ No ☐ If yes, by whom? Snowden
Yield: 50 gal./min. with 10 ft. drawdown after 1 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
0:00	125				
0:02	121				

Date of test 7/9/70
Baller test 40 gal./min. with 5 ft. drawdown after 4 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 50 Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Gravel - clay	0	16
Yellow clay	10	15
Sand - gravel	15	80
Sand - clay	80	100
Coarse Sand	100	130
Silty clay	130	170
	170	175 - ?

Work started June 29, 1970. Completed July 9, 1970

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

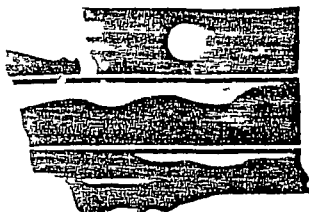
NAME AG Kounkel Well Drilling
(Person, firm, or corporation) (Type or print)

Address Box 216 Stanwood Wash

[Signed] AG Kounkel
(Well Driller)

License No. _____ Date July 26, 1971

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA 741 501

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name PALISADES ASSN Last Name _____
65700 ID
 Street Address _____
 City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address DIRECTLY ACROSS FROM 717 SUNSET
 City _____ County _____
 T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____
 Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

State Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

3' CASING INSIDE & SUBMERGED TILE W/ GREEN PLASTIC PIPE
EXTENDING FROM TOP, IN BACK OF GREY paneled RM LARGE
CONCRETE RES ON TOP OF HILL ACCESS BY GRAVEL ROAD

Location or Well Identification Tag W/CHAIN

Casing

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1 24 000 (1 = 2,000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right #

Date Issued

One

Application

Permit

Certificate

Claim

Exempt